

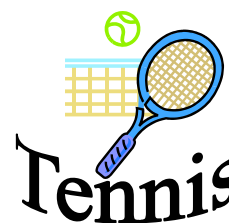
To register go to www.carlislema.gov and click on Recreation



Spring

2007

Youth and Adult



Begins: Week of May 8

Ends: Week of June 5

Rain Make Up: Weeks of June 12 thru June 19

Instructors: The Next Champions - www.TheNextChampions.com

Location: Town Courts next to school parking lot

Note: **Tuesday Early Release Classes** meet at the regular scheduled time.

Register Early ! - **Wear sneakers and bring a racquet.** Cancelled classes are announced on school intercom and recorded on Rec message line by 1 PM.

*****Tennis Cancellation - Rec Message Line—> 978-369-9815*****

NOTE: Ladies League Uses Courts - Mon & Tues ... 9:00 to 11:00
and Wed / Thurs / Fri ... 9:00 to 1:00 pm

Time	12:30-1:45	2:00-2:45	3:10-4:10	4:15-5:15
COST	\$ 110	\$ 70	\$85	\$110*
MON	XXXX	XXXX	XXXX	XXXX
TUES (T)	T2: 12:30-1:45 <u>ADULT</u>	T3: BEG Pre-K	T4: Int/Adv Gr. 3 & 4	T5: 4:15-5:30 <u>ADULT</u>
WED (W)	XXXX	W3: BEG Kindergarten	W4: INT Gr. 1 & 2	W5: Int/Adv *Gr. 5 & up* + Fri
THUR (R)	XXXX	R3: BEG Pre-K	R4: BEG Gr. 3 & 4	R5: BEG *Gr. 5 & up* + Fri
FRI (F)	XXXX	F3: BEG Kindergarten	F4: BEG Gr. 1 & 2	F5: * Gr. 5 & up * Match Play

***NOTE:** Students **Gr. 5 & up** play twice a week. Lesson at regular scheduled time & Friday Match Play after school according to skill level.

ADULT REGISTRATION FORM

USE A SEPARATE REGISTRATION FORM FOR EACH PARTICIPANT

Year: _____ Season (circle one) Spring Summer Fall Winter

Name: _____ M / F DOB ____/____/____ Senior _____

Address: _____ Home#: _____

Town: _____ Zip _____ E-Mail: _____

In the event of an emergency we will make contact in the order you indicate:

#1 _____ Work # _____ Cell # _____

#2 _____ Work # _____ Cell # _____

Special Need/Concerns: _____

I do hereby waive, release, absolve, indemnify, and agree to hold harmless Carlisle Recreation, the Directors, sponsors, supervisors, coaches, participants, volunteers, and any person transporting me/my child to or from activities for any claim arising out of an injury to me/my child. I give permission for medical treatment to be given if the need arises.

Signature: _____ Date: _____

Seniors (age 60+) may opt to pay the senior rate (15% discount) or may pay the regular rate.

<u>Class Name</u>	<u>Day</u>	<u>Time</u>	<u>Session</u>	<u>Amount</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

If (class name) _____ is fully enrolled, my second choice is (class name) _____

____ I would like to make a donation to the Recreation Gift Account (future improvements) \$ _____

____ I would like to make a donation to the Recreation Financial Aid Fund \$ _____

Make checks payable to: Town of Carlisle Amount Enclosed: \$ _____

Register on line at www.carlislema.gov/registration

Mail Registration and check to: Carlisle Recreation, 66 Westford St., Carlisle, MA 01741

YOUTH REGISTRATION FORM

USE A SEPARATE REGISTRATION FORM FOR EACH PARTICIPANT

Year: _____ Season (circle one) Spring Summer Fall Winter

Name: _____ M / F DOB ____/____/____ Grade _____ Bus # _____

Address: _____ Home#: _____

Town: _____ Zip _____ Parent E-Mail: _____

In the event of an emergency we will contact parents first in the order you indicate:

#1 ___ Parent: _____ Work # _____ Cell # _____

#2 ___ Parent: _____ Work # _____ Cell # _____

#3 ___ additional contact: _____ phone # _____

My child attends Carlisle Kids' House on the following days of the week _____

Special Need/Concerns: _____

I do hereby waive, release, absolve, indemnify, and agree to hold harmless Carlisle Recreation, the Directors, sponsors, supervisors, coaches, participants, volunteers, and any person transporting me/my child to or from activities for any claim arising out of an injury to me/my child. I give permission for medical treatment to be given if the need arises.

Signature: _____ Date: _____

<u>Class Name</u>	<u>Day</u>	<u>Time</u>	<u>Session</u>	<u>Amount</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

If (class name) _____ is fully enrolled, my second choice is (class name) _____

___ I would like to make a donation to the Recreation Gift Account (future improvements) \$ _____

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Recreation Policies and General Information Updated: Feb 2007

Registration

Register for programs Online at **www.carlislema.gov/registration** (credit cards accepted or mail in check within 5 days).

You may also register in person. Use a Separate Registration Form for each individual. Forms are in the brochure mailed to each Carlisle household or can be downloaded from our website. Registrations can be left in the Recreation Office drop box on the second floor at Town Hall or mailed to the office.

When registering by mail: Make checks payable to: Town of Carlisle

Mail to: Carlisle Recreation, 66 Westford St., Carlisle, MA 01741.

Classes must be paid in full at the time of registration.

Registration will be on a first come, first served basis.

Email confirmations are issued for all classes. Please make sure your email is included in your registration information. Check your internet settings to avoid emails from our office being autopplaced into your SPAM folder. Check your SPAM folder if you are not receiving emails from us.

Refunds & Cancellations

The Recreation Department reserves the right to cancel classes due to insufficient enrollment with a full refund.

A Recreation Credit may be requested up to two weeks before the course or program begins with a \$25 processing fee. Cancellations receive a 50% credit before the start of the program. No refunds or credits thereafter.

General Information

Children should be picked up on time after all activities. Late fees will be assessed as follows:

- less than 10 minutes late No fee
- 10 to 15 minutes late \$15
- 20 to 30 minutes late \$25

Classes will not be scheduled on school holidays and during vacations, unless otherwise stated. If school is closed due to bad weather, classes will be cancelled. Every attempt will be made to reschedule.

If afternoon classes are cancelled due to a change in weather, an announcement will be made at school and a recording placed on the **Recreation phone: 978-369-9815**. Children will take normal bus home.

Recreation Program scholarships available upon request based on need.

Additional copies of Brochures available at the Gleason Library and at the Recreation Office and on the website **www.carlislema.gov/recreation**.

The Recreation Department welcomes new ideas, suggestions, and volunteers, to better serve the Carlisle community. Give us a call !

Paid instructors are needed for all types of activities and age groups.